

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

REQUEST FOR WITNESS SUBPOENA

COMMONWEALTH OF VIRGINIA

VERSUS

_____ CASE #: _____

THE CLERK OF SAID COURT WILL PLEASE SUMMONS THE FOLLOWING
WITNESS OR WITNESSES ON BEHALF OF THE DEFENDANT TO APPEAR ON THE
_____ DAY OF _____, _____ AT 10:00 A.M.

WITNESS NAME

ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

ATTORNEY NAME: _____ PLEASE PRINT

TELEPHONE #: _____

ATTORNEY SIGNATURE: _____ DATE: _____